

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1	1				
3		2				
4		2				
5		2				
6	1					
7	1	1				
8		2				
9	1					
10	1					
11		2				
12	1					
13		1				
14		2				
15		2				
16	1					
17		1				
18		2				
19	1					
20		1				
21		2				
22		2				
23	1					
24		1				
25		2				
26		2				
27	1					
28		1				
29		2				
30		2				
31		2				
32		1				
33		2				
34		1				
35	1					
36		1				
37		2				
38		2				
39		2				
40	1	2				
41	1					
42		1				
43		2				
44		2				
45	1					
46		1				
47		1				
48		2				
49		2				
50		2				

TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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	IND	DEP	IND	DEP	IND	DEP
51	1					
52		1				
53		2				
54		2				
55		2				
56		2				
57	1					
58		1				
59		2				
60	1					
61		1				
62		2				
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97						
98						
99						
100						

TOTAL IND.

14

TOTAL DEP.

81

TOTAL CLAIMS

14